

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037724

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: PLATZ INSURANCE, INC.

**Current Principal Place of Business:**

8480 OKEECHOBEE BLVD STE 6  
SUITE 6  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8480 OKEECHOBEE BLVD STE 6  
SUITE 6  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 65-0999161      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PLATZ, RICHARD L  
Address: 8480 OKKECHOBEE BLVD, SUITE 6  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD PLATZ

PRES

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date